

University of California, Davis

Title of research study: 3-D Visualization Tools for Enhancing Awareness, Understanding, and Stewardship of Freshwater Ecosystems (Protocol # 258334-6)

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Why am I being invited to take part in a research study?

We invite you to take part in a research study because we are testing a number of the project's science activities and exhibits and want to get feedback from people to make sure the activities and exhibits work as well as they can. Improvements will be made based on the feedback you and others contribute.

What should I know about a research study?

(Experimental Subject's Bill of Rights)

- Someone will explain this research study to you, including:
 - The nature and purpose of the research study.
 - The procedures to be followed.
 - Any common or important discomforts and risks.
 - Any benefits you might expect.
- Whether or not you take part is up to you.
- You can choose without force, fraud, deceit, duress, coercion, or undue influence.
- You can choose not to take part.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- You can ask all the questions you want before you decide.
- If you agree to take part, you will be given a copy of this document.

Who can I talk to?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team, **Steven Yalowitz at Yalowitz@audienceviewpoints.com or 831-224-3085.**

This research has been reviewed and approved by an Institutional Review Board ("IRB"). Information to help you understand research is on-line at <http://www.research.ucdavis.edu/IRBAdmin>. You may talk to a IRB staff member at (916) 703-9151, IRBAdmin@ucdmc.ucdavis.edu, or 2921 Stockton Blvd, Suite 1400, Room 1429, Sacramento, CA 95817 for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

For IRB Use

APPROVED by the Institutional Review Board at the University of California, Davis	
Protocol	Approved
258334	07/03/2014

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Why is this research being done?

You are being asked to participate in an evaluation of science activities and exhibits. We hope to assess the value of guided immersive 3-dimensional (3-D) visualization experiences and hands-on tabletop exhibits for free-choice science learning. We want to know whether 3-D can enhance peoples' abilities to learn and understand complex scientific concepts.

How long will the research last?

We expect that you will be in this research study for 20 to 30 minutes, depending on how many different components you are trying out.

How many people will be studied?

We expect a maximum of 1,490 people at this location will participate in this evaluation out of up to 3,030 people in the entire study nationally.

What happens if I say yes, I want to be in this research?

If you decide to volunteer, you will be asked to spend a few minutes trying out different activities and exhibits, then interviewed about your experience. The person conducting the evaluation may take some notes about what you do while interacting with or viewing the activities or exhibits. You could also be asked to participate in a focus group or follow-up telephone survey.

What happens if I do not want to be in this research?

You may decide not to take part in the research and it will not be held against you.

What happens if I say yes, but I change my mind later?

You can leave the research at any time and it will not be held against you. If you change your mind later, any data collected from or about you will be deleted.

What happens to the information collected for the research?

Efforts will be made to limit use or disclosure of your personal information, including research study and medical records, to people who have a need to review this information. We cannot promise complete confidentiality. Organizations that may inspect and copy your information include the IRB and other University of California representatives responsible for the management or oversight of this study.

What else do I need to know?

This research is being funded by the National Science Foundation (NSF).

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Signature Block for Children

Your signature documents your permission for the named child to take part in this research.

Printed name of child

Signature of parent or individual legally authorized to consent to the child's general medical care

Date

Printed name of parent or individual legally authorized to consent to the child's general medical care

- ☐ Parent
☐ Individual legally authorized to consent to the child's general medical care (See note below)

Note: Investigators are to ensure that individuals who are not parents can demonstrate their legal authority to consent to the child's general medical care. Contact legal counsel if any questions arise.

Signature of parent

Date

Printed name of parent

If signature of second parent not obtained, indicate why: (select one)

- ☒ The IRB determined that the permission of one parent is sufficient. *[Delete if the IRB did not make this determination]*
☐ Second parent is deceased
☐ Second parent is unknown
☐ Second parent is incompetent
☐ Second parent is not reasonably available
☐ Only one parent has legal responsibility for the care and custody of the child

- Assent ☐ Obtained
☐ Not obtained because the capability of the child is so limited that the child cannot reasonably be consulted.

Signature of person obtaining consent and assent

Date

Printed name of person obtaining consent

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